NOIL

should state infor-

OCCUPA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1 week ago Chronic interstitial nephritis 1921 Run over by street car Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SP.	ACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

Langth of residence in city or town where death occurred by yrs mos. 2. FULL NAME Story S	0
Village or City. Elkton No. St., Village or City. Elkton No. St., (If death occurred in n horpital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred. Le D. yrs. mos. 2. FULL NAME George Sur Brown (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The PRINCIPAL CAUSE OF DEATH of have occurred on the dete stated chove, at 1.22 p.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: No. St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) (1934) (1934) (1935) 1945 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951 1951	
Langth of residence in city or town where death occurred to the langth of residence in city or town where death occurred to the langth of residence in city or town where death occurred to the langth of residence in city or town where death occurred to the langth of residence in city or town where death occurred to the langth of residence in city or town and State Bresson and State Bresso	
Langth of residence in city or town where death occurred by yrs. mos. 2. FULL NAME George Even Brown (a) Residence: ND. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS. 3. SEX 4. COLOR OR RACE OR DIVORCED (wnite the word) 5a. If married, widowed, or divorced HUSBAND of City Wife of Cory, Wife of Cory, Wife of Cory, Wife of Says, and the second of the second o	Ward
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowed, or divorced HUSBAND of Tillia B. Brown 6. DATE OF BIRTH (month, day, and year) S. DATE OF BIRTH (month, day, and year) S. Trade, profassion, or particular kind of work dona, as SPINNER, Bank Teller SAWYER, BODKKEEPER, etc. SAWYER, BODKKEEPER, etc. SAWYER, BODKKEEPER, etc. SAMYILL, BANK, etc. 11. Total time (years) spent in this occupation (month and 1/0/34 II. Total time (years) spent in this occupation (month and 1/0/34 II. Total time (years) spent in this occupation (month and 1/0/34 II. Total time (years) spent in this occupation (month and 1/0/34 II. Total time (years) spent in this occupation (month and 1/0/34 II. Total time (years) spent in this occupation (month and 1/0/34 II. Total time (years) spent in this occupation (month and 1/0/34 II. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (month and 1/0/34 III. Total time (years) spent in this occupation (m	ds.
Color of Race S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Work was done, as SILK MILL, SAW MILL,	
3. SEX 4. COLOR OR RACE White OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of Collis Brown 22. I HEREBY CERTIFY, Thet I ettended daceased (Month) (Day) (Ye 10. DATE OF BIRTH (month, day, and yaar) 5a. If married, widowed, or divorced HUSBAND of Collis Brown 22. I HEREBY CERTIFY, Thet I ettended daceased 13. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
Male White OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBARD of (Or) WIFE of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profassion, or particular kind of work done, as SPINNER, Bank Feller SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, Bank Feller Work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date of the contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) War Agrand OR DIVORCED (write the word) (Month) (Day) (Ye (Month) (Nonth) (Day) (Ye (Anoth) (Nonth) (Nonth) (Nonth) (Nonth) (Nonth) (Nonth) (Pay) (Ye (Anoth) (Nonth) (Nonth) (Nonth) (Nonth) (Nonth) (Nonth) (Nonth) (Nonth) (Nonth) (Ye (Ye (Ye) 1 lest sew h. alive on. 19 death to have occurred on the dete stated ebove, at 7.22 p.m. The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: Another PRINCIPAL CAUSE OF DEATH and related causas of importance Were as follows: Date of the Contributory Causes of Importance: Other Contributory Causes of Importance:	
HUSBAND of Corrections of Correction	(ear)
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profassion, or particular kind of work dona, as SPINNER, Bank Feller SAWYER, BDDKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW, etc. 10. Date dacaased last worked at this occupation (month and yaar) 11. Total time (yaers) spant in this occupation (month and yaar) Other Contributory Causes of Importance: Other Contributory Causes of Importance:	
8. Trade, profassion, or particuler kind of work done, as SPINNER, Bank Feller SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, as SILN MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of Land Suddleuly at home probably cerebral //10 Land Suddleuly at //10 Particular suddleuly suddleuly suddleuly suddleuly suddleuly	
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yaar)	0/34
13. NAME anasa of Moron	
14. BIRTHPLACE (city or town) Date of State or country) Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	2 4
15. MAIDEN NAME Name Name It destle 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Aries Brown (Addrass) 18. MAIDEN NAME Name It destle 23. If daath wes dua to external causes (VIOLENCE) fill In also the following: Accidant, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Electron Cernatery Date for 13, 1934 Neture of injury	
19. UNDERTAKER THE CONTROL OF COMPANY AND STREET THE STREET OF THE STREET THE STREET OF THE STREET)
20. FILED fare 11, 1934 f. Frank Dogs (Signed) J. Nord new Frager Coroner (Addrass) Ell ten mid. 16 more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	M. 0

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1011	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PRIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BIREAUVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MOTHER 16. BIRTHPLACE (city or town). (State or country)

DEATH

OF

TION

WRITE

(Address)

18. BURIAL CREMATION, OR REMOVAL

19. UNDERTAKER (Addrass)

20, FILED

Accident, suicide, or homicide?...

(Specify city or town/county and State)
Specify whether injury occurred in INDUSTRY, in HOMEy or in PUBLIC PLACE.

Mannar of injury . A

Natura of injury 24. Was diseasa or injury in any way related to occupation of deceasad? // C

if so, specify

(Address)

poldress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

O Date &

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ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

/	14633	3
PLACE OF DEATH	STATE OF MARYLAND	,
County Ceci	CERTIFICATE OF DEATH	
1	Registration Dist. No. 92	
Village or City Glaton (Ko)	St.: Ward) (If death occurre a hospital or Institution, give its NAMI stead of street	d i
2FULL NAME Mess Nellie womo	number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year	+
(Month) (Day) (Year)	that I last saw ben alive on	31
7 AGE ## Z yrs. 10 mos. 19 ds. If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at	nı
(a) Trade, profession or at House particular kind of work	Cause Gubsonie	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 1.2 Paramos.	ds
9 BIRTHPLACE Neway RA (State or country) Delawan	Contributory Secondary (Duration) 3 1/2 yrs / mos.	dı
10 NAME OF George & Dean	(Signed) O, Dt. mc Rugelt,	1. E
OF FATHER Z (State or country) D C C C C C C C C C C C C	*State the lisease Causing Death, or, in deaths from Violent Causea, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	n er
of Mother Rachel Reynolds	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents)	runi
13 BIRTHPLACE GOUNTY) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of dea h?	d
(Informant) has surie Deau	Former or usual residence	
(Address) Elkton mo	Bethel Censter 2nd Jan 10, 19	_
15 Filed Jan 9 1934 Jank Frank Frank	20 UNDERTAKER 1 + W. Tipin Elkton 2	~
If more b.anks are needed, addre.s : tate Negistran	r, 18 W. Saratoga St., Balto., Requesting V. S. ho. 1.	

(Approved by U. S. Census : nd American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—con mine, etc. would en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physicizn, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise se. E. amples: Cerebrospinal ferer (the only definite synonym is "Epidemia cerebros inal meningitis"); Diphtheria (avoid use of "Croup"); I simil meningitis"); Diphtheria (avoid Pneumonia"); Lobur preumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." (secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E.haustion," "Heart failure," "Tiaemorrlinge, tions, such as "Asthonia," "Anaemia" (morely symptomatic), "Atrophy." "Collapse," "Com2," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Examples: Aceidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elecan be ascertained as the cause. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping (Recommendations on statement of cause of death Never report mere symptoms or terminal condieough; Chronic etc. The contributory valvular Always qualify all heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. 1	PLACE OF	DEATH	- 0.	1117111		93-30		
	CountyC	ecil				Registration D	ist. No. 96	
	Village or Ci				(1)	lityng. Perry Point, Md. f death occurred in a hospital or institution, give its NAME s. 5 ds. How long in U.S. If of foreign birth?	instead of street and	Ward number)
2. 1	FULL NAI	WE DEARNI	EY H	enrv (C-1 192 93	3		
					et, Phila.	PSi. Ward.	ive city or town and	l State
	PERSON	AL AND STA	TISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH	
3. SEX	ale	4. COLOR OR RAC			RIED, WIDOWED. D (write the word)	21. DATE OF DEATH January (Month)	18 (Day)	, 193 ⁴ 4.
H	merried, widowe	ed, or divorced	7,000			22. I HEREBY CERTIFY		
((or) WIFE of					October 13		
6. DAT	E OF BIRTH (month, day, and year)	Dec	. 3, 18	389	I last saw himalive on January 18_		
7. AGE	Year	rs Mon	hs	Days	If LESS then	to heve occurred on the date stated ebove, at 2:15		
	4	4 1		14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes were as follows:	of importence	Date of onset
Z -8	kind of w	sion, or perticular ork done, es SPINNE	R.			chronic Myocarditis and My	ocardial	
SAWYER, BOOKKEEPER, etc. Paper Hanger		degeneration.		Unknown				
UP	S-Industry or Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc							
OCCUPATION	Date decease	d lest worked at ation (month and		I 1. Totel ti sper occu	me (years) nt in thin 19 yrs			-
12. BIF	RTHPLACE (city (State or coun	y or town)	ladelp	hia, Pa	9.	Other Coatribatory Causes of importance:Dementia Praecox, Hebephr	enic Type	1923
≅ 13	. NAME	Imki	nown					-
FATHER 14	. BIRTHPLACE (Stata or	(city or town)Um				Name of operation None What test confirmed diagnosis? Clinical	Date of Was there an a	
œ 15	. MAIDEN NAM	ne Unki	nown		4			
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) Unknown (State or country)						23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
17. INF	ORMANT	Hospital		rds, nt. Md.		Where did injury occur?	own, county and StatiE, or in PUBLIC PL	e) ACE.
18. BUI	Place Mu	PN, OR REMOVAL		n	21,1935	Manner of injury		
19. UN		NNINGTON &		1	•	24. Was diseese or injury in any way related to accupate if so, specify.	ion of deceased?N	0
20. FIL	0.1	30 ,193 4 K	Har	1 1/5	MULLISU.	(Signat) A 1 1 2	cal Direc	tor. M. D.
		Ij	more blank	s are needed, a		2411 N. Charles Greet, Baltimore, Requesting U. S. No. 1	. /	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	, Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epidepsy 1921 Run over by street car July 5, 1927 Peritonitis

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

Action of Detail (Indicator) 1. PERSONAL AND STATISTICAL PARTICULARS 1. PERSONAL AND STATISTICAL PARTICULARS 2. FULL NAME (a) Residence: No. Willington of Management of Managemen	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	210-m
Longth of residence, moly or jown where death occupred in a hospital or institution, aive its NAME inneed of street and number? 4. Residence: No	County regul	Registration Dist. No.
Length of residence, in city or jown where death occurred in a hospital or institution, give its NAME interest of street and number? 2. FULL NAME (a) Residence: NO	Village or City out he lose	No. St., Ward
2. FULL NAME (a) Residence: No. O.		f death occurred in a hospital or institution, give its NAME instead of street and number)
(3) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 1, SEX 4, COLOR OR, RACE ORAPHONCOD Compile word ORAPHONCOD Compile word ORAPHONCOD Compile word ORAPHONCOD Compile word Oraphoncod or divorced (19) Wife of Cop Wife of Cop Wife of Cop Wife of Cop Wife Book Certific Act of the Control of the Control of Cop Wife Book Certific Act of Co	Length of residence in city or town where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
Honoreddent give city or town and State	2. FULL NAME JULY REOW PUL	NOELL
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR, RACE S. SINGLE, MARRED, WIDOWED, OR SCHOOL Ornit the word of the w	(a) Residence: No. Sort We Vosit, hid.	Matelli, Ward.
21. DATE OF DEATH (Month) (Day) (Sear) 22. I HER EBY CERTIFY. Thet I attended deceased from the word) (Month) (Day) (Sear) 23. If married, widowed, or divorced (Month) (Day) (Sear) 24. DATE OF BIRTH (month, day, and year) (Day) (Tear) 25. I HER EBY CERTIFY. Thet I attended deceased from 19 to 1	(Usual place of abode)	If nonresident give city or town and State
Sa. If married, widowed, or divorced (Paris the world) Sa. If married, widowed, or divorced (Paris the world) Fig. Sa. If married, widowed, or divorced (Paris the world) Sa. If married, widowed, or divorced (Paris the world) Sa. If married, widowed, or divorced (Paris the world) Sa. Trade, profession, or particular (Paris the world) Sa. Trade, profession, or		
Sa. II married, widowed, or divorced (or) wife of (or) wi		
53. If married, widowed, or divorced HUSBAND or Ordo, wife of Ordo, wife	male while single	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than Iday	5a. If married, widowed, or divorced	
6. DATE OF BIRTH (month, day, and year of the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death is said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date stated above, et al. 19 death on the said to have occurred on the date	(or) WIFE of	
TAGE Years Months Deys If LESS than 1 day,	Q n: 1910	
Trade profession or particular were as follows: Note: Trade profe		
Trade, profession, or particular stand of work done, as SPINNER, Johnson 19, 11, 10 total time (years) spant in this work was done, as SILK MILL, ALL, ALL, ALL, ALL, ALL, ALL, ALL,		
SawYER, BOOKKEPPER, etc. SawYER, BOOKKEPER, etc. SawYER, etc. SawYER, etc. SawYER, etc. SawYER, etc. Sa		ware as follows:
9. Industry or business in which was done, as SILK MILL FORMAN SAW MILL, BANK, etc. SAW MILL, BANK, etc. 10. Date deceased last worked all spant in this occupation (month and state) as a silk mill. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, GREMATION, OR REMOVAL PORTUGATE 18. BURIAL, GREMATION, OR REMOVAL PORTUGATE (Address) 19. What test confirmed diagnosis? Mass due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Manner of Injury Nere did injury occur? Manner of Injury Nature of injury	Z 8. Trade, profession, or particular	broken neck 1/2/2
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Burkley (State or country) Karfel, C. Man. 13. NAME Was in the country Causes of importance: 14. BIRTHPLACE (city or town) Was there an au opsy? 15. MAIDEN NAME Burkley Control Co	SAWYER, BOOKKEEPER, etc.	1,124
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Burkley (State or country) Karfel, C. Man. 13. NAME Was in the country Causes of importance: 14. BIRTHPLACE (city or town) Was there an au opsy? 15. MAIDEN NAME Burkley Control Co	9. Industry or business in which work was done, as SILK MILL.	
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13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 1		
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, GREMATION, OR REMOVAL PRESCRIPTION (Address) 19. UNDERTAKER (Address) 20. FILED Jan 6 18. Jan 18	(State or country) / farford, Co, Mid,	
Where did injury occur? (Specify city or yown, county and State) 17. INFORMANT Settles Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, OREMATION, OR REMOVAL PRODUCTION OF REMOVAL PRODUCTION OF REMOVAL PRODUCTION OF REMOVAL PRODUCTION OF REMOVAL (Address) 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Specify city or yown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) (Specify city or yown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or yown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) (Signed)	15. MAIDEN NAME Bertha Deaver	
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18. BURIAL, OREMATION, OR REMOVAL PORTUGUE AND 1934 19. UNDERTAKER 22 2. (Address) One of the production of deceased? One of the production of deceased? If so, specify (Signed) J. J	Bathal DuBie	(Specify city or town, county and State)
18. BURIAL, GREMATION, OR REMOVAL PARTICLE STATES AND		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Per Olivy Content of Injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) 19. UNDERTAKER (Signed) 19. UNDERTAKER (Signed)		the last of the la
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 16 so, specify (Signed) 17. Colony 18. December (Signed)	parlington, Cey Jane Jan 6 ,34	
20. FILED Jan 6, 1834 70 Thanders (Signed) I Rolling I regar, Corone M. O	The surface of the su	Nature of injury
20. FILED Jan 6 , 1834 70 Frances (Signed) J. Moding Frager, Corone M. O		24. Was disease or injury in any way related to occupation of deceased?
20. FILED TURE D	(Address) Jerryngen find,	If so, specify
	20. FILED Jan 6 1834 76 Thanders	(Signed) I'll dung trager, Coronest D
		(Address) Clitton) wid

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

should state

of OCCUPA.

1. PLACE OF DEATH	73:0	
County C-eal	Registration Dist. No. 74	
Village or City North East	NoSt.,	_Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?	
1 0	v	
2. FULL NAME M andle L. Fregler		
(a) Residence: No. North East, Ma (Usual place of abode)	St., Ward. If nonresident give city or town and State	entern.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	,
Temale (15 lite Married	(Month) (Day) , 1937	ear)
5a. If married, widowed, or divorced HUSBAND of		1.6
(or) WIFE of John Frederick	22. 1 HEREBY CERTIFY, That I attended decesses	2 C
70 4 1892		is said
6. DATE OF BIRTH (wonth, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4,000 -m.	
41 11 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Trade profession or particular	Date	ofonsat
6 kind of work done, as SPINNER, Housewife	dente Cardiae 3	alne
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this necupation (month and	Dilatation	·
SAW MILL, BANK, etc		
this occupation (month and spant in this occupation occupation		
Mand and Co	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)) Tay Gold (State or country)	Chanic moundity 2	mos
13. NAME Carvel Hamilton	Je manie	
14. BIRTHPLACE (city or town) / a fund Go	Name of operation Date of	
(State or country)	Whet test confirmed diagnosis? Was there an autopsy	?
I 15. MAIDEN NAME Emily Singetton	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Evally Singeton 16. BIRTHPLACE (city or town) / Landows (State or country)	Accident, suicide, or homicide? Date of Injury, 19	9
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT John Fredericks	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) north Cart Md		
18. BURIAL, CREMATION, OR REMOVAL Place John and Hound & Date 4-eb 3 19 27	Manner of injury	
Place when acts, frage & Date of the 1927	Nature of injury	
19. UNDERTAKER JOSEPH OF Trail	24. Was disease or injury in any way related to occupation of deceased?	
(Address) North East, Ma	If so, specify	MC
20, FILED Z-Z- &4, 19 Tex Il. Creace	(Signed) (Signed) (Signed)	MI. U.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

1. PLACE OF DEATH	<u> </u>
County Leed	Registration Dist. No. 92
Village or City Colpton Mankaged	Nolmson Jospetal St. Ward
	death occurred in a hospital or institution, give is NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillborn Lilles	pel
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sen Ale	21. DATE OF DEATH Anuary 20, 193 4 (Month) (Dev) (Yest)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet t ettended deceesed from
6. DATE OF BERTH (month, dey, end yeer) Any ary 20 -1934	1 lest say h alive on 19 3 4, to 70 19 3 4
7. AGE Years Months Days If LESS/hen 1 dey,hrs.	to heve occurred on the dete stated above, at
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	2 hundle Stellen
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceased last worked et this occupetion (month and yeer) 11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town) Unit of State or country)	Other Contributory Causes of Importence:
13. NAME Walter Washerston Hole die	
14. BIRTHPLACE (city or town) Makeyland (State or country)	Neme of operation Dete of
15. MAIDEN NAME ROCKO PRINCE CALL	Whet test confirmed diegnosis? Was there an autopsy? 23. If deeth was due to externat ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Makey lace (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Apopilal recard	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Date , 19	Nature of injury
19. UNDERTAKER 70 - Varento (Address)	24. Wes disease or injury in any wey releted to occupation of deceased? If so, specify
20. FILED from 27, 1934 for frank pages	(Signed) M. D.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Meyn Kalgmax	g I
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

J	RECC	Z	Pynot
BINDING	PERMANENT	EXACTLY.	ly classified
FOR	IS A 1	stated	proper
IARGIN RESERVED FOR BINDING	LY, WITH UNFADING INK-THIS IS A PERMANENT RECC	carefully supplied. AGE should be stated EXACTLY. Put	TH in alone to that it may be aronarly classified Exact
TARC	Y, WITH UNF.	carefully supplie	TH in plain torms

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 66338
1. PLACE OF DEATH	95-c)
County Cecil	Registration Dist. No. 74
Village or City North Tout P. D.	- No. St., Ward
Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs mos ds.
2. FULL NAME Mary Harring	ton
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Jan 29 1934
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.
18510 00.1869	I last saw here alive on Jan 1934 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
78.75 0 7 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Myocarditis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<u> </u>
SAW MILL, BANK, etc	Chronic myocardition Duration: from
this occupation (month and spant in this occupation	a year to sighteen months
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME Undrew Dural	
13. NAME Under Dural 14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causas (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury, 19
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Doy Lear 10. F. Cen Date All 1934	Nature of injury
19. UNDERTAKER Soseph A Frank	24. Was disease or Injury In any way related to occupation of deceased?
(Address) \ North East, Md-	If so, specify
20. FILED / - 30- 34, 19 Jan LU. Cercless	(Signed) M. D. (Address) March Eart Tada
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onsat
	1921		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU VI SI			
	agrand.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
To authornation of date of birth are form filed	
under Va (d/sma) - 4-3-34	

V. S. Mo. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00339
1. PLACE OF DEATH	942
County leceel	Registration Dist. No.
Village or City Usicos	NoSt.,Ward
1-0	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Mary & Stort	
12. 7 6 1 30	Oh W. J
(a) Residence: No. MONGY Cost / TD. (Usual place of abode)	St., Ward. 1f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed or divorced HUSDAND of (or) WIFE of Leight I Tack	22. JHEREBY CERTIFY. That I attended deceased from 24 1934
6. DATE OF BIRTH (month, day, and year) Conic 29 1864	I lost saw her alive on Jan 24 , 19 34; death is said
7. AGE Years Months Oays If LESS than 1 day. hrs. or min.	to have occurred on the dete stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc	Coronory emblis 1-24-3
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, es SILK_MILL, SAW MILL, BANK, etc. 10. Bate deceased lest worked at this occupation (month and	J.
10. Date deceased lest worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	Other Contribution Contribution
12. BIRTHPLACE (city or town) & Curron	Other Contributory Causes of Importance:
(State or country) Marylance	Brouchio- premiura 1-19-
13. NAME HOSE & Succession 14. BIRTHETAGE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIOEN NAME Ellen & Boulder	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) May (accel	Accident, sulcide, or homicide? Date of injury19
(Stete or country) Mary Care	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Joseph & Hall My, KD,	Specify whether injury occurred in INOÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Licence Courseling Oata 27-, 1937	Manner of Injury
19. UNDERTAKER (1,), Chemache, (Address) Ecklori, Fred	24. Was disease or injury in eny way ralated to occupation of deceased?
20, FILED are 24, 1924 J. Frank Frank Frank	(Signed) Pallacon To husan M. D. (Address) New Hack Sal
The state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
,		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of cpilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

stated EXACTLY. properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

B.—WRITE PLAINLY,

certificate.

See instructions on back of

FOR BINDING

ARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

06340

1	1. PLACE OF	F DEA	TH			(82-C)
	County_Ce	cil				Registration Dist. No. 96
	Village or C	ity Ve	terans! A	dministra	tion Faci (li	lityng. Porry Point, Md. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) 18 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
	2. FULL NAI	ME	HOPPER,	Pearl D.	C-573 25	3
	(a) Residen	ce: No	Pomonk	ey, Md. (Usual place o	of abode)	St., Ward. If nonresident give city or town and State
2000	PERSON	AL AN	D STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	male		R OR RACE	5. SINGLE, MARE OR DIVORCED Marr	(write the word)	21. DATE OF DEATH Jamuary 30 ,193 4 (Month) (Dey) (Yeer)
5a	HUSBAND of (or) WIFE of		B. Hoppe	r		22. I HEREBY CERTIFY, That I attended deceased from October 12 ,19 32, to January 30 ,19 34
	1	rs L4	Months 10	Days 8	If LESS then I day,hrs. ormin.	I last saw h_im alive on January 30, 19.34 _; death is seid to heve occurred on the date stated above, at 3:05 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particuler kind of work done, es SPINNER, Farming SAWYER, BOOKKEEPER, etc. Farming 9. Industry or business in which work was done, as SILK MILL, Truck Farm SAW MILL, BANK, etc. 11. Total time (year this securation (morth and this corruption (morth and this corruptio				uck Farm		Thrombosis, right middle cerebral recent
	year)	y or town)	nth and 31		me (years) tin this pation(pproxir	ottely 8 years. Other Contributory Causes of importence: Generalized arteriosclerosis unknown
ER	13. NAME		William	M. Hoppe	er	
13. NAME William M. Hopper 14. BIRTHPLACE (city or town) Virginia (State or country)				inia		Neme of operation None Dete of
1ER	15. MAIDEN NAI	VIE	Martha	Percefiel	d	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (State or		own) Indi	ana		Accident, suicide, or homicide?
17	. INFORMANT (Address)	Но		cords		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. NO injury
18	Place Arl	ingt	PEMOVAL	el Febru		Manner of injury
19	UNDERTAKER	Pu	me	Coutle	id.	24. Was diseese or mjury in eny way relited to occupetion of deceased? NO If so, specify ROGER P. HENT Clinical Director.
20	, FILED Teh	1,	1934 Clear	eles co. 20	noverson	(Signed) Perry Point, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

BINDING

MARGIN RESERVED FOR

V. S. No. 1

1PLACE OF .DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Oldson (No	Registration Dist. No. St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE Single, MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
CALL Q DT , 1859	that I last saw hour alive on January 2 19234,
AGE ## Age If LESS than day hrs. day hrs. or min.? 18 OCCUPATION (a) Trade, profession or particular kind of work Fabruary fa	and that death occurred on the date stated above, at 6:30 1.97m, The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duretion) yre moe 3 de. Contributory Suppuratur prestatits Secondery
10 NAME OF Rechard Hutchieson	(Signed) (Address) (September 2) (Address)
OF FATHER (State or country) Manyland 12 MAIDEN NAME 7	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Mollil Milburn 13 BIRTHPLACE Electory OF MOTHER (State or Country) Many land	At place of death yrs mos dieses contracted. Transients or Recent Residents of the State was dieses contracted.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Clara Gordon (Address) Elyton mis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ELECTION Color: Landy Jan 6, 1924
Filed an 6 1929 for franch Registrar	20 UN DERTAKER 21. W. Pippiu Electore mil
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salcsman, cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, household only (not paid Housekeepers who receive a (a) Foreman, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal minc, etc. Wom-(6) Grocery

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." American Medical Association.) tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. valvular heart The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

The state of the s	County Village or City Length of rasidenca in city or town where death occurred FULL NAME (a) Residence: No. (Usual pi PERSONAL AND STATISTICAL PARSIEX 4. COLOR OR RACE OR DIVOR To Married, widowed, or divorced HUSBAND of (or) WIFE of	The (If	Registration No. death occurred in a hospital or institution, give its NAME ds. How long In U.S. if of foreign birth? St., Ward. If nonresident MEDICAL CERTIFICATE 21. DATE OF DEATH (Month) 22. I HEREBY CERTIF (Month) 1 Idstysaw h. alive on face.	Dist. No. St., Ward St., Ward E instead of street and number) yrs. mos. ds. give city or town and State OF DEATH (Day) (Year)
VRITE PLAINLY, WITH UNFAD tion should be carefully supplied. USE OF DEATH in plain terms, so on is very important. See instruction is mother father	this occupation (month and / 4 2 /)	1 day, hrs. or min. Nork Nork al time (years) spent in this 40 occupation Maryland Lage La	The PRINCIPAL CAUSE OF DEATH and related cause were as follows: Other Contributory Causes of Importance: Caute Mayor Constitution of March Manner of Operation. What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill Accident, suicide, or homicide? Where did injury occurred In INDUSTIV, in HO Manner of Injury Nature of injury Nature of injury (Signed)	Date of onset Luc But Date of Was there an au'opsy? NO I In-also the following: Date of Impure the following of the foll

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH.	Bran aL
County County	Registration Dist. No.
Village or City forthell vary, Md 14	St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if or foreign birth?
2. FULL NAME William Benja	um Lulon
(a) Residence: No. Jan No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH WILL - 70 - 193 (Year)
5a. If married, widowed, of divorced HUSBAND of	
(ar) WIFE of Jusan Venton	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) LAW, 27, 1861	I last saw h Limative on Jan 195 11; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
72 1/1 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER	Date of one of the state of the
SAWYER, BOOKKEEPER, etc. 9, Industry or business in which	aremorning: Hay
work was done, as SILK MILL, Yarus	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) year) 11. Totel time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Tork All Bank. R.M. (State or country)	Other Contributory Causes of importence:
I (S LOOD - D	
4 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME CAMPY CAMPABELL	23. If death was due to external couses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (MY) (Aufhell) 16. BIRTHPLACE (city or town) fortall said (Stele or country)	Accident, suicide, or homicide? Date of injury 19
E (State or country)	Where did injury occur?
17. INFORMANT HOWAY Lestoye (Address) Port Ne Posito MA PT AD	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Date all a 19	Nature of injury
19. UNDERTAKEN LOCAL COLLEGE OF C	24. Was disease or injury in any way related to indupation of deceased?
1	(Signed) And A M. D.
20. FILED Jan 20 193/4 Q. V. Handers	

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		II ME CLELATE LE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			14-

of OCCUPA-

00344

	DEATH			2.3		
County	Cecil				Registration Dist. No. 96	
Village or City	Perry P	oint, Ma	ryland.	No	St.,	Ward
Length of reside	ence in city or town where o	leath occurred	B yrs 6 mos	death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution, and the death occurred in a hospital or institution in the death occurred in the death occurr	give its NAME instead of street and light birth? 17 yrs.	l number) mosds
2. FULL NAM	E Genn	aro MEZZ	ANOTTE			
(a) Residence	: No. 2617-14t	h St. W	ashington, of abode)	D • Sta Ward.	If nonresident give city or town ar	nd State
PERSONA	L AND STATIST	ICAL PART	CULARS	MEDICAL CERT	TIFICATE OF DEATH	
3. SEX mele	4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Januar	7 20 onth) (Day)	, 193 4 (Year)
5e. If married, widowed HUSBAND of (or) WIFE of	d, or divorced				ERTIFY, That I attende	d deceased from
e DATE OF BIRTH /-		January :	19.1896	I last saw h 1m elive on Je		La; death is said
7. AGE Years	antin, day, and year)	Days	If LESS than	to have occurred on the dete stated ebo		e., ueath is sait
37	0	n	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH en were as follows:	d related ceuses of importence	
Trade, professi	ion, or particular rk done, as SPINNER, BOOKKEEPER, etc	Stone cu		Tuberculosis, pul advanced, active		Date of onset Unknown
9. Industry or bu	siness in which			advanced, advance		
SAW MILL,	BANK, etc			-		
10. Date deceased this occupa	tion (month and 1917		ime (years) nt in this upation _ unkno y	7		**
12. BIRTHPLACE (city (State or countr	or town) Its		opation	Other Contributory Causes of Importance Dementia Precox,		
13. NAME	Unknown					
13. NAME 14. BIRTHPLACE ((State or co		ly		Name of operation	Date of	
1						
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Italy (State or country)				23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT Hospital records (Address)					Specify city or town, county and Si USTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION OR REMOVAL Plece Washington D.C. Date Jan. 20 19 34.				Manner of injury		
19. UNDERTAKER Geo. T. Pennington & Son. (Address) Havre de Grace, Maryland			24. Was disease or injury in any way re	lated to occupation of deceased?	No	
20. FILED Jaw.	20, 1934-Clu	ules W.	MOCKELAGE Se P. Registrar.	(Signed) ROGED P	HLIVZ, Clinidal st Administration	20 11144

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Example I	3 / L	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of cpilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
REGENVER	-	VI	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
BUREAU V. S.			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

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al cause of death and related causes ce were as follows: lepsy treet car	Date of onset 1 week ago
	1 week ago
lead one	
treet car	1 week ago
	3 days ago
	1 year
	ributory causes of importance:

V. S. No. 1

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 00346
state UPA-	, 1. PLACE OF DEATH	93-2
ould state	County Cecil	Registration Dist. No. 92
should of OCC	Village or City Eleton	No. Carried Norfeital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurredyrsmos	
IA]	2. FULL NAME William Turce	
PHYSICIANS oct statement	(a) Residence: No. Charlistown (Usual place of abode)	St., Ward. If conresident give city or towo and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
rry.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Anuary 6 (Month) (Dey) (Year)
assifi	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from dug, 15 - 1933 to January 6 1934
E X cl	6. DATE OF BIRTH (month, day, end yeer) Oct. 6 = 1877	i last saw barn elive on January 6, 1984; death is said
stated E properly certificate	7. AGE Years Months Deys If LESS then 1 dey,hrs.	to have occurred on the date stated above, et 3:291.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
be sta		were es follows: Date of onset
should lit may lit may lin back o	9. Industry or business in which	Colonal To
s sh t it on	work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed last worked at this occupetion (month and year) year) 11. Total time (yeers) spent in this occupation	January Control of the Control of th
oplied. AGE erms, so that instructions o	12. BIRTHPLACE (city or town) maryland	Other Coatributary Causes of importance:
illy supplied. plain terms, . See instru	(State or country) 13. NAME James K Presse	le en truspolina.
sup tin te	13. NAME 14. BIRTHPLACE (city or town)	Name of operation Dete of
lly slain	(State of Country)	Whet test confirmed diagnosis? Wes there an autopsy?
efu in ant	15. MAIDEN NAME May K Bell 16. BIRTHPLACE (city or town) (Stete or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
	17. INFORMANT A C Pierce (Address) Cafe 2 2 4	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E E	18. BURIAL, CREMATION, OR REMOVAL Place Leather Run al Date Jan 11 , 1974	Manner of injury
mation CAUS TION	19. UNDERTAKER H. Pithin (Address)	24. Was disease or Injury In eny way releted to occupation of deceased?
(T)	20. FILED /11- 19 24 / Start Flages	(Signed) (Signed) M. D.
	16 more blank are model address State Design in	N Chalassan But B and C N

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Example I Example II The principal cause-of-death-and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

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6	11	13	4	1	
	_		JA.	-	

5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and year) 12. BIRTHPLACE (city or town) (State or country) (State or country) (State or country) (Month) (Day) 22 I HEREBY CERTIFY. That I attended do Autority 22 I HEREBY CERTIFY. That I attended do Autority 24 I last saw h alive on a live on	umber)
Length of residence in city or town where death occurred \$\frac{1}{2}\) yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. How long in U.S. If of foreign birth? Yrs. mos. ds. How long in U.S. If the word, yrs. d	mber)
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(a) Residence: No. Re	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWTER, BOOKKEEPER, etc. 8. Trade, profession, or particular were as follows: 8. Trade, profession, or particular were as follows: 9. Industry or business in which work was done, as SPINNER, SAWTER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWTER, BOOKKEEPER, etc. 10. Date deceased last worked at this occupation month, and year) 10. Date deceased last worked at this occupation month, and year) 12. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) Other Contributory Causes of importance:	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH 22 (Month) 22 I HEREBY CERTIFY. That I attended of 22 I HEREBY CERTIFY. That I attended of 23 I HEREBY CERTIFY. That I attended of 24 25 I HEREBY CERTIFY. That I attended of 26 27 I HEREBY CERTIFY. That I attended of 28 I HEREBY CERTIFY. That I attended of 29 I have occurred on the date stated above, at 1,30 f.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance 28. Trade, profession, or particular kind of work done, as SIPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SIPINNER, SAWHILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and year) 11. Total time (years) spent in this occupation Other Contributory Causes of importance: Other Contributory Causes of importance:	itate
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Trank M. Rawlings 6. DATE OF BIRTH (month, day, and year) May 15 1868 7. AGE Years Months Oays If LESS than I day,	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Trank M. Rawlings 6. DATE OF BIRTH (month, day, and year) May 15 1868 7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and spent in this occupation (State or country) Cell (State	193/
7. AGE Years Months Oays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and year) 12. BIRTHPLACE (city or town) (State or country) Months Oays If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Parelline (Parelline) Other Contributory Causes of importance:	
7. AGE Years Months Oays If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: (Parellella) Other Contributory Causes of importance:	death i
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month) and year) 12. BIRTHPLACE (city or town) (State or country) 13. Trade, profession, or particular were as follows: (Parallaha)	
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this occupation (month and spent in this occupation 35 occ	
year) 1934 occupation 20 Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Sort Deposit, Md (State or country) Ceril	
12. BIRTHPLACE (city or town) Sort Neposit, Ma (State or country)	
13. NAME Propert mc master)	
13. NAME Robert Mc Master 14. BIRTHPLACE (city or town) Port Defensit, Md Name of operation. Date of	
(State or country) Cecil What test confirmed diagnosis? Was there an au	toneu?
15. MAIOEN NAME Caralize Lyuim 23. If death was due to external causes (VIOLENCE) fill in also the following:	- spay:-
16. BIRTHPLACE (city or town) Sast Deposit, Md Accident, suicide, or homicide? Date of injury	, 19_
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) (Address) (Address)	DE.
18. BURIAL, CREMATION, OR REMOVAL Place Heat Nothing ham Date Jan, 25, 1937 Nature of injury	
19. UNOERTAKER . C. Jyzone	
(Address) Proling Sung Male If so, specify.	
20. FILED WY (Signed) (Signed) (Registrar. (Address) Reserve And Signed)	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	:	BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

	County Ca	el		· · · · · · · · · · · · · · · · · · ·	Registration Dist. No	95
	Village or City	ear Ru	eng)	m	No.	St., W
,	Length of residence in c	ity or town where	daath occurred	8 y yrs mos	death occurred in a hospital or institution, give its NAME instead of str	
2	. FULL NAME	Mardas	et Es	lina beth	Lecder!	
	(a) Residence: No.	18	100000.	10	St Ward.	
				e of abode)	If nonresident give city or to	own and State
	PERSONAL AN		,		MEDICAL CERTIFICATE OF DEA	ATH
1	emela VI	thite	S. SINGLE, MA	RRIED. WIDOWED. ED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year
5a.	If married, widowad, or div HUSBAND of	orced		7	/	
-	(or) WIFE of	7			Dre 9 19313 to Jaw 2	ttanded deceased
6. I	DATE OF BIRTH (month, da	y, and year)	et gto	1849	0	19/3. 4: death is
7. /		Months	Days	If LESS than	to have occurred on the date stated above, at 6 a.m.	
	84	12	23	I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importan	
Z	Trade, profession, or p	articular as SPINNER	2/	. 0	arritral Homorshop.	Date of o
ATIO	SAWYER, BOOKKE	EPER, etc	Houses	offe	(
UP/	work was done, as SAW MILL, BANK,	SILK MILL.				
8	Date deceased last wo this occupation (mo	rked at	II. Total	time (years)		
-]	yaar) 1-9-4	e_ 30-1.	1933 00	aupation Xiftlu	Othar Contributory Causes of importanca:	
12.	BIRTHPLACE (city or town) (Stata or country)	Risin	9 Vin	Md	outer Controllery Causes of Importance:	
ER	13. NAME dlance	d Pat	ten of	Japen el		
FATH	14. BIRTHPLACE (city or to	OWN) Tie	ina S	in Mid	Name of oparation	ate of
	(State or country)		100		What test confirmed diagnosis? Was th	
HER	15. MAIDEN NAME	lizabi	the Cea	meron	23. If daath was due to extarnal causes (VIOLENCE) fill in also the f	
5	16. BIRTHPLACE (city or to	Non Aces	Just	c Md	Accident, suicide, or homicide? Date of injury.	
Σ	(State or country)	,	60 D	,	Where did injury occur? (Specify city or town, county	and State)
17.	INFORMANT MARIE	ou X	1lede	n g	Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	ILIC PLACE.
18.	(Address) free	REMOVAL	and the	anyland	Manner of injury	
	Place West //a	then the	spara -	5,1934	Manner of injury	
10	HADEDTAKED LE	Type	21		24. Was disaase or injury in any way related to occupation of decea:	end?
19.	(Address)	repr S	un. M.	d,	If so, specify	SAU:
20	FILED /-3	a SV		2	(Signed) & Stues	
۷۷.	TILLU-Jan-Van	mme	1/1/2 71	Registrar.	(Addrass) Russing Sury	mo

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephrilis 1921 Run over by street car 1 week ann Cerebral homorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

ARGIN RESERVED

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND	-CERTIFICATE OF DEATH 00,350
1. PLACE OF DEATH	107-a)
County County	Registration Dist. No.
Village or City Lerry ville, Md. S.7	No. St., Ward (If death, occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of lower where death occurredyrs,	mos. 24ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Of wer stuffy	erfin.
(a) Residence: No. 3 0 3 west 31 st stuty	offeld va: Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wylie the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Green Smellfrer,	1 HERBBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) delt 16. 9867	/last saw h. im alive on Janu 5 , 19.3 4; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date states above, at 7.0.2m.
67 3. 20. 1 day,h	The I AIRCH AL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
	Sweeks meumoria Jan!
kind of work dona, as SPINNED SAWYER, BDDKKEPER, etc. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. To. Data decaased last worked at this eccurated month and. 11. Total time (years)	/ / // // // // // // // // // // // //
10. Data decaased last worked at this occupation (month and year) / 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) fory rely (State or country)	Dther Contributory Causes of importance:
13. NAME colongredizer	
13. NAME 14. BIRTOPLACE (city or town) (State or county)	Name of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Gennetty dorrell	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME GENNELLY agreel 16. BIRTHPLACE (city or town) Yanforel (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Md.	Where did injury occur?
17. INFORMANT Affice of the true of the control of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION DR REMOVAL	Manner of Injury
Place labrary cens. Date au 7, 193	Nature of injury
19. UNDERTAKER LEGA Calterson, (Address) Jerryville, and	24. Was disease or Injury in any way related to occupation of deceased? 720
20. FILED / 9 1934 To Handers Registrar.	(Signed) A of Magraer M. D
If more blanks are needed, address State Revist	TAL. 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	Al	M
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should state of OCCUPA.

1. PLACE OF DEATH County Cecl	Registration Dist. No. 929
Village or City Oppletore	No. St., War If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. appletor, mid. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE DEDIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or thorced HUSBAND of Racina shakspeare	22. 2 I HEREBY CERTIFY, That I ettended deceased tro
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 dey,hrs. ormin.	t last sew h alive on 2 3 19 3 death is salt to have occurred on the date stated above, at 2 3 30 mg 2 10 The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (menth and spent in this securation (menth and spent in this	Cardina Delatahin
year) occupation	Other Contributory Causes of Importance:
(State er country) 13. NAME Acorge I Suicto 14. BIRTHPLACE (city or town) Mong land	- June
(State of country)	Neme of operation Oete of What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Classic Pedale 16. BIRTHPLACE (city or town) Delacuose (State or country) Delacuose 17. INFORMANT Mas Kenra Sinith	23. If death was due to externet causes (VtoLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION-OR REMOVAL Ceux Deta-Jane V 6, 1934	Mannor of injury Nature of injury
19. UNDERTAKER OF I allemathy med,	24. Was disease er injury in any way releted to occupation of deceased? If so, specify (Signed) M.
20. FILED ALL 34, 1904 Formers Jones Begittrar.	(Address) full tay to a first of the control of the

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

1. PLACE OF DEATH	(1)352
County soil Co.	Registration Dist. No. 92
Village or City & Ikton, Md.	No. 143 East Yield Strett St., W
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No. 1/43 Cast High alkton, Mc (Usyal place of abode)	L. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Outhory (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased to
6. DATE OF BIRTH (month, day, and year) (20, 1934	I last saw h alive on 19 death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	were as follows: Steep Borns Date of on
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10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) & lktow (State or country)	Other Contributory Causes of importance:
13. NAME Frank albert Smith 14. BIRTHPLACE (city or town) Pulaski	
14. BIRTHPLACE (city or town) Sulasku (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carrie Cligabeth Soudson 16. BIRTHPLACE (city or town) & Status	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Maryland R. W. #	Where did injury occur?
17. INFORMANT Mrs. (harles & He udson SV. (Address) / 438. Heigh St. & Sktor md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Bethel, Md. Date Jan 21, 1934, 1934	Nature of injury
19. UNDERTAKER LE. Tysen	24. Was disease or injury in any way related to occupation of deceased?
(Address) Peser & Alen: Md.	If so, specify
20. FILED Care 21- 1984 of Bouces Froyer	(Signed) Krufted Morrison M

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis [] (19.4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY	PHYSICIAN	1
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ifem of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	353
1. PLACE OF, DEATH	(186-00)	4
County Cecil	Registration Dist. No. 4	72
Village or City Election Minion Hospi	alus co	Mord
	death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of residence in city or lown where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrsmos	sds.
2. FULL NAME (harles Ubraun)	Tepheur	
(a) Residence: No. Buldle It Chisapiak (Usual place of abode)	Stry Ward. If nonresident give city or town and s	State
PERSONAL AND STATISTICAL PARTICULARS	## MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH (Month) (Day)	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended d	Jeceased from
6. DATE OF BIRTH (month, day, and year) Oct 20 185-2	Mast saw h and alive on a land 7 1934	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	, geath is said
8/ 2/9 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
No Trade profession or particular	. 0 1	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Hurly	1924
Industry or business In which	Face possible	1
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occumation (month and	trateurs hip.	Ment-100
10. Date deceased lest worked et this occupation (month and spent in this occupation occupation occupation	[] []	
12. BIRTHPLACE (city or town) avorable Pa	Other Contributory Causes of importance:	
(Stata or country)		
13. NAME Wrain Stephens		
13. NAME Wrain Stephens 14. BIRTHPLACE (city or town) Plymouth	Neme of operation Date of	
(State or country) England	What test confirmed diegnosis? Was there an au	d'opsy?)
15. MAIDEN NAME Produce Presce	23. If death was due to externel causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) no information	Accident, suicide, or homicide? Date of injury	19
E (State or country)	Where did injury occur?	
17. INFORMANT Howard Stephens (Address) Puttefield mass	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA) CE,
18. BURIAL, CREMATION, OR KEMOVAL	Manner of injury	
Place Bethel Cemeter Date Jan 10, 1934	Nature of injury	
24 which		
19. UNDERTAKER (Address) Elkton Frid	24. Was disease or injury in any way related to occupation of deceased?	
170	(Signed) Lewy O. Lacon	: u.n
20. FILED fass 9, 1834 fragger	(Address) Chropeshe Cet he	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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Man Chan WE D			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
BUREAU V. S.			

FOR BINDING

ARGIN RESERVED

1. PLACE OF DEATH	
County Ceal	Registration Dist. No. 26
Village or City Chesafrake City	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Town May Shayer	
(a) Residence: No. Chesaneake City	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
The OR DIVORCED (wrige the word)	21. DATE OF DEATH
Terme manie	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. O I, HEREBY CERTIFY. That i attended deceesed from
(or) WIFE of Henry Mayer	Sept , 19 B2, 10 Jaw. 9 , 1954
6. DATE OF BIRTH (month, day, and year) Och 5 1.871	I last saw h L alive on Nov. (10, 1933; deeth is seid
7. AGE Years Months Days if LESS than	to have occurred on the dete stated above, at
62 3 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8 Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, House fe	Spasla Paraplegla 1923
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end	
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation occupation	
Ches al . Ke City	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	
E 13. NAME agustus Taturar	July 4/93/
E la mela la	Name of operation Date of
4. BIRTHPLACE (fity or town) (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Eva may Toluace	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Eva May Jahrace 16. BIRTHPLACE (city or town) Cheapeak. Cly (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
un ustu Faturen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT Che offer City, hand	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Tether Carreter Date for 12, 1934	Nature of injury
19. UNDERTAKER V. W. Pippine	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Eleton and	If so, specify
20. FILED 1/12 , 1934 B. H. Brawn	(Signed) Lewy Maore M.D.
20. FILED , 1937 13. Ot . 13. 13. 13. Registrar.	(Address) Chleopeobe City Med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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eriodali V Sa			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE	OF MARYLAND—	CERTIFICATE OF	DEATH	OL LES
1. PLACE OF DEATH	THE RESIDENCE OF THE PARTY OF T	(8)		00356
County Clerk		Financial Control of F	Registration Dist. No.	92
Village or City Colklon	Maryland	death occurred in a hospital or institution	St., nve its NAME instead of street an	Ward
Length of residence in city or town where o	7	ds. How long in U.S. if of fore	ign birth?yrs	_mosds
2. FULL NAME 5	tillborn Sur	ner		
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town a	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERT	IFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (payies the word)	21. DATE OF DEATH		, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY C	ERTIFY, That I attende	ed deceesed from
6. DATE OF SIRTH (month, day, end year) 7. AGE Years Months	mary 7, 1934	I last say h elive on	, 19	; deeth is sale
	Deys If LESS than I day, hrs. or min.	to have occurred on the date stated ebor The PRINCIPAL CAUSE OF DEATH end were as follows:		Date of enset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Zone	& humer h		
work wes done, es SILK MILL, SAW MILL, BANK, etc.	/	***************************************	······	
10. Date deceesed last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Lipsan (State or country)	Shoofelas	Other Contributory Causes of importance		
13. NAME Leage Van XI	yke Turner			
14. BIRTHPLACE (city or town)	gland		Date of	
15. MAIDEN NAME Mary Ol.	mar Plank	Whet test confirmed diegnosis?		
16. BIRTHPLACE (city or town) Maryland (State or country)		23. If death wes due to externel causes (V Accident, suicide, or homicide?		_
17. INFORMANT Haspilal	record	Where did Injury occur?(Si Specify whether injury occurred in INDU	pecify city or town, county and St JSTRY, In HOME, or In PUBLIC P	tate) PLACE.
18. BURIAL, CREMATION) OR REMOVAL		Manner of Injury		
Place farence	Dete, 19	Neture of injury		
19. UNDERTAKER JAO		24. Was disease or injury in any way rela	ited to occupation of deceased?	
20. FILED Jan. 1.7, 1934 J. J.	auf fruger	(Signed) (Address)	Timb I	M. D.
If more b	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requestin		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A TALL OF ME	
		(
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA-1. PLACE OF DEATH County Registration Dist. No. RECORD. Every item (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred statement How long In U.S. if of foreign birth? ______yrs.______ds. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH DIVORCED (write the word) nucar idowed classified. (Mont (Day) (Year) 5a. if married, widowed, or divorced HUSBAND of RTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) / 851-Lise 7. AGE Veare Months Days If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 2. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER," SAWYER, BOOKKEEPER, etc..... may back Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Dato deceased last worked at on 11. Total time (years) this occupation (month and that spent in this GE instructions occupation __ Q 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE City plain Name of operation_ (State or country) carefully What test confirmed diagnosis?____ MOTHER important. 15. MAIDEN NAME i 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Date of injury_______ 19 DEATH 16. BIRTHPLACE (city or (State or country Where did injury occur? (Specify city or town, county and State) plnous 17 INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) OF 18. BURIAL, CREMATION WRITE Manner of injury CAUSE mation MOLL Nature of injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify 20. FILED (Signed) If more plants are heeded Juddens State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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PERMANEN BINDING A MARGIN RESERVED FOR TH UNFADING INK--THIS

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of oertificate. WRITE PLAINLY,

PLACE OF DEATH County, CAMA	STATE OF MARYLAND CERTIFICATE OF DEATH
Cl. 104	(31) Registration Dist. No
2 FULL NAME LY CLASSE CARL	St.: Ward (If denth occurred in a hospital or institu- tion are its NAME in- stead of affect and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH January 16, 1934
Addu and 19, 1/8/11 (Month) (Day) (Year)	The HERBY CERTIES The lattended the deceased from Jule 6, 1937, to the last saw her alive on Jan 16, 1937,
7 AGE If LESS than day hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Years. Cente exacerdation tan fage before death. (Duration) yes mos de
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Mruues Secondary Duration yrs. mos. 10 ds.
FATHER TO THE STATE OF THE STAT	(Signed) (Signed) (Addres Cherry Death or in deaths from
(State or country) Salaging Mayelle 12 MAIDEN NAME OF MOTHER 14 SALA CERTIFICATION OF MOTHER 1	*State the I iscase Causing Death, or, in deaths from fiolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfigures or Recent Residents)
OF MOTHER ONGLOSA River (State of Country) Sansky Lea Well	At place of death street description of death street descr
(Informant) Aug gas for My KNOWLEDGE	Former or usual residence
(Address) Billaahuafu leity p	Mixton Md Jan 18, 1934
15 Filed 1/17 1984 B. H. Brawn Registrar	Donald Richardson Couch breek
if more blanks are needed, addre a State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 di

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(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation-Precise statement of ocgupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-tured 6 frs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House laborer, Farm laborer, Luborer-Coal mine, ctc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) Groeery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemund, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on

Streement of Cause of Death—Name, first, the Distance of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably sweide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.